COMBAT LIFESAVER

Point of Contact:___

Unit Inspected:	Date of Insp	ection:				
Unit Representative:	Unit Phone No.:					
Inspector's Name:	Inspector's Phone No.:					
Unit Overall Rating: T P U						
REFERENCES: a. AR 350-41, Mar 93, Training in Units c. DA PAM 350-59, Oct 01, US Army Correspo d. USAMMA Unit Assemblage list for 0245 ME	ndence Course	1, Jan 95, Medio Program Catalo aver Bag		: Policy and	d Procedures	
STANDARDS: "T"= 90% success rate of evaluated tasks with no facritical tasks. "U"= less than 70% success rate of evaluated tasks of			ccess rate	of evaluate	ed tasks with no failed	
INSPECTION CRITERIA:		LEVEL	GO	NO GO	REMARKS	
1. CRITICAL: Does the unit employ the recommended number of Combat Lifesavers (Minimum of 1 per squad, team or crew)? (AR 350-41, Chapter 12)		СО				
2. CRITICAL: Are all assigned Combat Lifesaver personnel currently certified 41, Chapter 12)	ed? (AR 350-	со				
3. Are individuals failing to attend scheduled Combat Lifesaver courses ident 350-41, Chapter 12)	tified? (AR	со				
4. Does the unit include screening for Combat Lifesaver certification as part oprocessing checklist?	of the in-	со				
5. CRITICAL: Does the unit maintain at least one aid bag per Combat Lifesa 350-41, Chapter 12)	aver? (AR	со				
6. Is the packing list maintained in each bag?		со				
7. CRITICAL: Is the bag inventoried and restocked with durable and expendanter each use? (AR 350-41, Chapter 12)	lable items	со				
8. Are aid bags stored in a standardized, climate-controlled environment (IAV Manufacturers recommendations: 25 degrees Celsius)?	V	со				
REMARKS and FINAL COMMENTS:						

Proponent For Inspection: MEDDAC

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